

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/214923	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							51					
3							62					
4							53					
5							54					
6							65					
7							56					
8							57					
9							68					
10							59					
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42							91					
43							92					
44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
TOTAL IND.							100					
TOTAL DEP.							TOTAL IND.					
TOTAL CLAIMS							TOTAL DEP.					
							TOTAL CLAIMS					